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** CONTINUING DATA ***** <i>DR</i>					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/12/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>DR</i> Acknowledged <u>Examiner's Signature</u> Initials		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5
ADDRESS 34036					
TITLE Local process variation correction for overlay measurement					
FILING FEE RECEIVED 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		